



# Denominator for Procedure

OMB No. 0920-0666  
Exp. Date: 02-29-2008

\* required for saving

Facility ID#:	Procedure #:
*Patient ID#:	Social Security #:
Secondary ID#:	
Patient Name, Last:	First: Middle:
*Gender: F M	*Date of Birth:
Event Type: PROC	*Date of Procedure:
*NHSN Procedure Code:	ICD-9-CM Code:
<b>Procedure Details</b>	
*Outpatient: Yes No      *Duration: ____Hours ____Minutes	
*Wound Class: C CC CO D U      *General Anesthesia: Yes No	
*ASA Class: 1 2 3 4 5      *Emergency: Yes No	
*Trauma: Yes No      *Endoscope: Yes No      *Multiple Procedures: Yes No	
Surgeon Code: _____	
CSEC:	
*Height: ____feet ____inches      *Weight: ____lbs / kg (circle one)      *Duration of Labor: ____hours	
(choose one) ____meters      *Estimated Blood Loss: ____ml	
Circle one: FUSN RFUSN	
*Spinal Level: (check one)	*Diabetes Mellitus: Yes No
<input type="checkbox"/> Atlas-axis	*Approach/Technique: (check one)
<input type="checkbox"/> Atlas-axis/Cervical	<input type="checkbox"/> Anterior
<input type="checkbox"/> Cervical	<input type="checkbox"/> Posterior
<input type="checkbox"/> Cervical/Dorsal/Dorsolumbar	<input type="checkbox"/> Anterior and Posterior
<input type="checkbox"/> Dorsal/Dorsolumbar	<input type="checkbox"/> Lateral transverse
<input type="checkbox"/> Lumbar/Lumbosacral	<input type="checkbox"/> Not specified
<input type="checkbox"/> Not specified	
*HPRO: (circle one) ____Total Primary ____Partial Primary ____Total Revision ____Partial Revision	
*KPRO: (circle one) ____Primary (Total) ____Revision (Total or Partial)	
<b>Custom Fields</b>	
Label	Label
_____ / ____ / ____	_____ / ____ / ____
_____	_____
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<b>Comments</b>	
<small>Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).</small>	
<small>Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).</small>	
<small>CDC 57.750 Rev.1, Effective date 11/01/2006</small>	